## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |   |                     |                                   |              |                  |        | SMALL ENTITY TYPE   |                        |         | OTHER THAN OR SMALL ENTITY |                        |
|--|---|---|---------------------|-----------------------------------|--------------|------------------|--------|---------------------|------------------------|---------|----------------------------|------------------------|
| TOTAL CLAIMS   |   |   | (Column 1)          |                                   | (Colu        | (Column 2)       |        |                     |                        | OR<br>1 |                            |                        |
| TOTAL CLAIMS   |   |   | 4/0                 |                                   |              |                  |        | RATE                | FEE                    | ┨       | RATE                       | FEE                    |
| FOR  |   |   | NUMBER FILED        |                                   | NUMB         | ER EXTRA         |        | BASIC FEE           | 385.00                 | OR      | BASIC FEE                  | 770.00                 |
| TOTAL CHARGEABLE CLAIMS  |   |   | <i>90</i> minus 20= |                                   | * 0          |                  |        | X\$ 9=              |                        | OR      | X\$18=                     |                        |
| INE  | DEPENDENT C   | LAIMS                                     | / minus 3 =         |                                   | * 4          |                  |        | X43=                |                        | OR      | X86=                       | 344                    |
| ΜL   | ILTIPLE DEPEN   | NDENT CLAIM P                             |                     |                                   |              |                  | +145=  |                     | OR                     | +290=   |                            |                        |
| * If   | the difference  | e in column 1 is                          | less than ze        | an zero, enter "0" in column 2    |              |                  |        | TOTAL               |                        | OR      | TOTAL                      | 1116                   |
| CLAIMS AS AMENDED - PART II  |   |   |                     |                                   |              |                  |        |                     |                        | •       | OTHER                      | THAN                   |
|  |   | (Column 1)                                |                     | (Column 2) (Column 3)             |              |                  |        | SMALL               | ENTITY                 | OR      | SMALL                      | ENTITY                 |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                     | HIGHI<br>NUME<br>PREVIC<br>PAID F | BER<br>JUSLY | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus               | **                                |              | =                |        | X\$ 9=              |                        | OR      | X\$18=                     |                        |
|  | Independent   | *   | Minus               |                                   |              | =                |        | X43=                |                        | OR      | X86=                       |                        |
| L  | FIRST PRESE   | NTATION OF MI                             | JLTIPLE DEF         | PENDENT                           | CLAIM        |                  |        | +145=               |                        | OR      | +290=                      |                        |
|  |   |   |                     |                                   |              |                  | L      | TOTAL               |                        |         | TOTAL                      |                        |
|  |   |   |                     |                                   |              |                  |        | ADDIT. FEE          |                        | OR      | ADDIT. FEE                 |                        |
|  |   | (Column 1) CLAIMS                         | · ·                 | (Colun                            |              | (Column 3)       | l r    | -                   |                        |         |                            |                        |
| AMENDMENT B  |   | REMAINING<br>AFTER<br>AMENDMENT           | ·                   | NUME<br>PREVIO<br>PAID F          | BER<br>JUSLY | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus               | **                                |              | =                |        | X\$ 9= ·            |                        | OR      | X\$18=                     |                        |
| AME!   | Independent   | *   | Minus               | ***                               |              | =                | ,      | X43=                |                        | OR      | X86=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |   |                     |                                   |              |                  |        |                     |                        |         | .000                       |                        |
|  |   |   |                     |                                   |              |                  | L      | +145=               |                        | OR      | +290=                      |                        |
|  |   |   |                     |                                   |              |                  |        | TOTAL<br>DDIT. FEE  | ,                      | OR      | TOTAL<br>ADDIT. FEE        |                        |
| (Column 1) (Column 2) (Column 3)   |   |   |                     |                                   |              |                  |        |                     |                        |         |                            |                        |
| AMENDMENT C  |   | CLAIMS REMAINING AFTER AMENDMENT          |                     | HIGHE<br>NUME<br>PREVIO<br>PAID F | SER<br>USLY  | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus               | **                                | •            | =                | X\$ 9= | X\$ <sup>.</sup> 9= |                        | OR      | X\$18=                     |                        |
|  | Independent   | *   | Minus               | ***                               |              | =                |        | X43=                |                        | OR      | X86=                       |                        |
| 7  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM.                                       |   |                     |                                   |              |                  |        | +145=               | ·                      |         |                            |                        |
| * 1  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                     |                                   |              |                  |        |                     |                        | OR      | +290=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |                     |                                   |              |                  |        |                     |                        |         |                            |                        |